## **INVOICE**

BILL TO:

TOSHIBA CREDIT/NEWTON REGIONAL 1111 OLD EAGLE SCHOOL RD.

WAYNE 19087 PA

INVOICE DATE: INVOICE NUMBER: PAGE 05/21/08 1973028 1

PLEASE REMIT TO:

TOSHIBA AMÉRICA MEDICAL SYSTEMS, INC. P.O. Box 91605 Chicago, Illinois 60693

SHIP TO:

NEWTON REGIONAL HOSPITAL 9421 EASTSIDE DR.

NEWTON 393452612 MS

CUST NO.	ORDER NO.	COST CENTER	SELP VIA		CUSTOMER P.O. NUMB	ER	PAYMENT TERMS	\$65.00p.
200560	783559	2230	TRUCK		S/Q	upon	acceptano	e
SILVALLIA (	TOSH	BA PART NUMBER/DE	SCRIPTION :	CODES	AND SOUNT PRICE	ere presentation	extended amoun	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C3D DCH1S-CT-PI		MS 16 CT SCAN	ER HR C3	484,923.0	000	484, 923	.00
	PHANTOM, CT 5K-03050-1 DESK, 65X36	COM.		355811 HR C3 355811				
5	E31752-CHA CHAIR;2-ARI LM:HB94LU MEDIA, DVD-	M ADJUSTĀBLE		HR C3 *355811 HR C3 355811	Tarr Carry Govern			
1	L88C5EGRY - CABLE : RJ45 L88C5EGRY -	05M -SM	#1275ã	HR C3 355011 HR C3				350
2		Commission is the second contract at		355811 HR C3 355811				
	1559 KIT EPOXY COT-32D DICOM3 MWM			WA C3 355811 HR C3 355811				
	SERIAL # COT 44A/IB PGP HARDSP	1BA0825007		HR 03 355811				
	COT-30D DICOM3 STO	rage scp sys		HR C3 355811	24 VITANIA S. S. J. J. J. J. J. AMERIKAN P. S.			
	SERIAL #	1BA07Z2930						

TAX 1:

TAX 2:

TAX 3:

AMOUNT DUE \*\* CONTINUED \*\*

Please reference invoice number 1973028 on check remittance.

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of commerce prior to export. Any export or r purchaser, directly or indirectly, in cont

Export Administration is prohibited.

DANORCED

ІМУОІСВ ТУРВ В Вунсен

DIRECT INQUIRIES TO:

ORDER ANALYSIS NUMBER

## INVOICE

BILL TO:

TOSHIBA CREDIT/NEWTON REGIONAL 1111 OLD EAGLE SCHOOL RD. WAYNE

19087

PA

INVOICE DATE: INVOICE !	NUMBER PAGE :
05/21/08  1973	028   2
[ 00, 22, 00, 23, 3	,020

PLEASE REMIT TO:

TOSHIBA AMERICA MEDICAL SYSTEMS, INC. P.O. Box 91605 Chicago, Illinois 60693

SHIP TO:

NEWTON REGIONAL HOSPITAL

9421 BASTSIDE DR.

NEWTON 393452612 MS

		COST CENTER	SHIP VIA		CUSTOMER P.O. NUMBER	a Marie	PAYMENT TERMS
200560	783559	2230	TRUCK		s/Q	upon	acceptance
QUANTITY	COT-34D	HIBA PART NUMBER	DESCRIPTION		UNITERICE		EXTENDED AMOUNT
1 W. 1858 W. W.	DICOM3 QU	ERY/RETRIEVE # 18A0823038		HR C3			
	SERIAL	ER (DICOM) # 18A0752182		HR C3			
	***************************************	GD R:AQUILION:1 #:GDD0813192		HR C3			
i,	MCT-SCT-2 INJECTOR,	STELLANT PED		355811 HR C3 355811			
	SERIAL	# 28862		CO	MEANY# AP	2	19PA 6411
				CH	ECK# CHECK		ZiHGS
					SEE Jon le ion	,A	PP# PAWY-II/E
					SE # 2412255	3	FUNDING CODE
	Taxabl	— V	200 Bxempt				
	XAT XAT		.00 MS .00 NOTWEN 00.		Subtotal		484,923.00

Please reference invoice number

.00 NEWTON

TAX 3:

1973028

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited. CUSTOMER

on check remittance.

Subtotal Total Tax

.00

92680

AMOUNT DUE

484,923.00

DIRECT INQUIRIES TO:

GULF SOUTH ZONE SALES

2441 MICHELLE DRIVE

Tustin, ca

714-730-5000 Invoice type crder analysis number

8-System

355811

DIVOICEP